



Women's Health
Connecticut

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Senator Joseph Crisco
Representative Robert Megna
Insurance Committee Co-Chairs
Connecticut State Legislature

February 21, 2012

Re: SB 12 and SB 97

Dear Senator Crisco, Representative Megna, and members of the Insurance Committee,

I am writing in strong opposition to both SB 12 and SB 97, primarily because of the unintended consequences of these proposals. If these bills were to pass, the cost of medical care would substantially increase as there would be a very significant spike in the number of unnecessary MRIs that would have to be ordered and paid for by an already strained system.

In addition, and more importantly, the MRI is associated with a large number of "false positive" results that will trigger unnecessary biopsies and significant anxiety and concern on the part of many patients. The current system which we have in place in Connecticut, generally following up most dense breast mammographic findings with comprehensive ultrasound, seems to be working well for most patients. In deciding when to order MRI for select patients, it is reasonable and desirable to follow generally accepted national guidelines, which include the following:

- Documented BRCA mutation
- Untested women with first degree relative with BRCA mutation
- Life-time risk of developing cancer >20-25% calculated from family and personal history
- Radiation to chest between age 10 and 30 yrs
- First-degree relative with pre-menopausal breast cancer

There is no question that in limited cases, an MRI can be a valuable tool in detection of breast cancer, but to make it a reflex test to any and all mammograms demonstrating 50% or greater density levels is burdensome to the system, not good clinical medicine and will not raise the quality of women's health care in Connecticut. On the contrary, the tremendous number of additional MRIs that would be necessitated by this law would "clog" the

scheduling system and prevent people who really needed MRIs from getting them in a timely fashion.

Finally, no test is 100% accurate. As you increase "sensitivity" by adding more tests like the MRI, for every one possible case of a disease you might find, there generally is an increase in the number of false positive tests, necessitating unnecessary biopsies, anxiety and angst. Adding an MRI for every patient who has heterogeneously dense breasts on mammogram has never been recommended by nationally accepted guidelines. There are many large population studies that so far have NOT demonstrated that using MRIs in this way actually saves lives, so even the United States Preventive Services Task Force has not recommended using MRI in this way.

I have practiced ObGyn for 27 years, and for the past 14 years have also been the Chief Medical Officer of Women's Health Connecticut. Our statewide practice includes over 175 ObGyns and approximately 35 advance practice care providers, and we provide care for more than 350,000 women in Connecticut. We have always prided ourselves on advocating for what is good for our patients, and we do not believe these bills are in their best interest.

In addition to my clinical work in Connecticut, I have been involved with the American Congress of Obstetricians and Gynecologists (ACOG) for many years, and currently serve as its national Secretary. Our guidelines also agree with those outlined above.

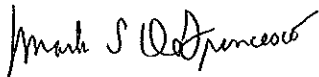
In the distant past, before attending medical school, I served a term in the State House as a Representative from the 99th district (1973-74), so I also am very cognizant of the responsibility you have. I know our legislators want to do what is right for the public, but I also know you need the input of people like me, who have a good working knowledge of our health care system, and no economic interest in the outcome of this decision.

As an ObGyn, I do not have any economic interest in any radiology facilities and thus have no motivating influences here other than what is good for my patients.

I would be happy to discuss further if you have any questions.

Thank you for your consideration.

Sincerely,



Mark DeFrancesco, MD, FACOG
Chief Medical Officer and Medical Director